

# NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Working Instructions: Please type or use blue or black ink pen.

Completely fill in one circle.

Print legible numbers and block letters, no script.

## I Reporting Information

Year: 2014

Fill in circle if amendment ☐

FOR OFFICE USE ONLY

RECEIVED JAN 16 2015

## II Client Information

Name: The Travelers Indemnity Company

Permanent Business Address: One Tower Square

City: Hartford

State: CT

ZIP code: 06183

Phone: 860-954-9176

## III Business Relationship with an Entity

Instructions: Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

Entity Name: Hiscock and Barclay, LLP

Entity Address: One Park Place - 300 South State Street

City: Syracuse

State: NY

ZIP code: 13202

Phone: 315-425-2700

State Person with the Requisite Involvement in the Entity:

Last name: Breslin

First name: Neil D.

State Person's Agency or Legislative Body of Employment: N.Y. State Senate

Public Office Address: 172 State Street, Room 414, Capitol

City: Albany

State: NY

ZIP code: 12247

Phone: 518-455-2225

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: ☒

Description of Business Relationship(s): Mr. Breslin is "of Counsel" to Hiscock and Barclay, LLP. Hiscock and Barclay, LLP provide legal services to Travelers and its insureds.

\*The amount below represents payments made  
from 1/1/2011 through 12/31/14.

Compensation (Actual or Anticipated): \$ .00

Expenses (Actual or Anticipated): \$ .00

Total Compensation and Expenses (Actual or Anticipated): \$ 1,524,947.21\* .00

Beginning date of Business Relationship (Actual or Anticipated): Month: prior to 8/2011 Year:

End date of Business Relationship (Actual or Anticipated) if applicable: Month: n/a Year:

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities: ☐

## Designated Addendum Sheet for Sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

### III Business Relationship with an Entity

**Instructions:** Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

**III (a)** Fill out this section ONLY for additional relationship(s) with different Entity/Entities.

Entity Name:

Entity Address:

City:

State:

ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name:

First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: ☒

Description of Business Relationship(s):

Compensation (Actual or Anticipated): \$ .00

Expenses (Actual or Anticipated): \$ .00

Total Compensation and Expenses (Actual or Anticipated): \$ .00

Beginning date of Business Relationship (Actual or Anticipated): Month: Year:

End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

**III (b)** Fill out this section ONLY for additional State Person with the requisite involvement in an Entity previously listed.

Entity Name: Hiscock and Barclay, LLP.

Entity Address: One Park Place - 300 South State Street

City: Syracuse

State: NY

ZIP code: 13202

Phone: 315-425-2700

State Person with the Requisite Involvement in the Entity:

Last name: Barclay

First name: William A.

State Person's Agency or Legislative Body of Employment: N.Y. State Assembly

Public Office Address: LOB 521

City: Albany

State: NY

ZIP code: 12248

Phone: 518-455-5814

Continued on next page

#### IV Business Relationship with a State Person

**Instructions:** Fill out this section only if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section and fill out Section III.

State Person Last Name:

State Person First Name:

Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

Description of Business Relationship(s):

Compensation (Actual or Anticipated): \$ .00

Expenses (Actual or Anticipated): \$ .00

Total Compensation and Expenses (Actual or Anticipated): \$ .00

Beginning date of Business Relationship (Actual or Anticipated): Month: Year:

End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

Check here if using addendum sheet for additional State Person(s): ☐

#### V Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration. (See instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

**X** SIGNATURE: *Glenn Westrick*

DATE: 1/13/15

PRINT NAME: LAST Westrick

FIRST Glenn

Mark One:

☐ Chief Administrative Officer

☒ Designee (Attach Letter)

# NY STATE CLIENT BUSINESS RELATIONSHIP FORM

**Marking Instructions:** Please type or use blue or black ink pen.  
 Completely fill in one circle.  
 Print legible numbers and block letters, no script.

<b>I Reporting Information</b>	
Year: 2014	
Fill in circle if amendment <input type="radio"/>	

<b>FOR OFFICE USE ONLY</b>

<b>II Client Information</b>		
Name: The Travelers Indemnity Company		
Permanent Business Address: One Tower Square		
City: Hartford	State: CT	ZIP code: 06183
Phone: 860-954-9176		

<b>III Business Relationship with an Entity</b>		
<b>Instructions:</b> Fill out this section only if the relationship is with an Entity. If the relationship is with a State Person, skip this section and fill out Section IV.		
Entity Name: Bel Associates		
Entity Address: 1717 State Street		
City: Watertown	State: NY	ZIP code: 13601
Phone: 315-788-4525		
State Person with the Requisite Involvement in the Entity:		
Last name: Blankenbush	First name: Ken	
State Person's Agency or Legislative Body of Employment: N.Y. State Assembly		
Public Office Address: LOB 322		
City: Albany	State: NY	ZIP code: 12248
Phone: 518-455-5797		
Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: <input type="radio"/>		
Description of Business Relationship(s): Independent Insurance Agency authorized to sell Travelers Insurance products.		
*The amount below represents payments made from 1/1/2011 through 12/31/2014.		
Compensation (Actual or Anticipated):	\$	.00
Expenses (Actual or Anticipated):	\$	.00
Total Compensation and Expenses (Actual or Anticipated):		\$ 92,828.19* .00
Beginning date of Business Relationship (Actual or Anticipated):		
Month:	Year:	
End date of Business Relationship (Actual or Anticipated) if applicable:		
Month:	Year:	
Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities: <input type="radio"/>		



## Designated Addendum Sheet for Sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

### III Business Relationship with an Entity

**Instructions:** Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

**III(c)** Fill out this section ONLY for additional relationship(s) with different Entity/Entities.

Entity Name: The Insurance Center, Stephen M. Hawley & Assoc. LLC

Entity Address: 50 Main Street

City: Batavia

State: NY

ZIP code: 14020

Phone: 585-343-2282

State Person with the Requisite Involvement in the Entity:

Last name: Hawley

First name: Stephen M.

State Person's Agency or Legislative Body of Employment: N.Y. State Assembly

Public Office Address: 329 LOB

City: Albany

State: NY

ZIP code: 12248

Phone: 518-455-5811

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: ☐

Description of Business Relationship(s): Independent Insurance Agency authorized to sell Travelers Insurance products.

\*The amount below represents payments  
made from 1/1/2011 through 12/31/2014.

Compensation (Actual or Anticipated): \$ .00

Expenses (Actual or Anticipated): \$ .00

Total Compensation and Expenses (Actual or Anticipated): \$ 75,916.41\* .00

Beginning date of Business Relationship (Actual or Anticipated): Month: Year:

End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

**III(B)** Fill out this section ONLY for additional State Person with the Requisite Involvement in an Entity previously listed.

Entity Name:

Entity Address:

City:

State:

ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name:

First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

Continued on next page

#### IV Business Relationship with a State Person

**Instructions:** Fill out this section only if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section and fill out Section III.

State Person Last Name:

State Person First Name:

Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

Description of Business Relationship(s):

Compensation (Actual or Anticipated): \$ .00

Expenses (Actual or Anticipated): \$ .00

Total Compensation and Expenses (Actual or Anticipated): \$ .00

Beginning date of Business Relationship (Actual or Anticipated): Month: Year:

End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

Check here if using addendum sheet for additional State Person(s): ☐

#### V Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration. (See instructions.)

**I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.**

**X**

SIGNATURE:

*Glenn Westrick*

DATE: 1/13/15

PRINT NAME: LAST Westrick

FIRST Glenn

Mark One:

☐ Chief Administrative Officer

☒ Designee (Attach Letter)